
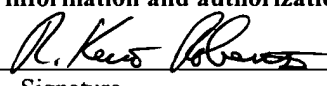
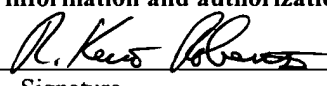
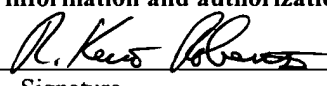


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: 11323.0007														
	In re Application of Mazzone															
	Application Number 09/932,371	Filed August 17, 2001														
	For Medical Information System, Method And Article Of Manufacture															
	Group Art Unit 2121	Examiner M. Bell														
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small entity fee are as follows (check time period desired):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="width: 20%; text-align: right;">\$ <u>110.00</u></td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>55.00</u></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-2442</u>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>December 3, 2004</u> Date </td> <td style="width: 50%; vertical-align: top;">  Signature </td> </tr> <tr> <td style="vertical-align: top;"> <u>716-848-1510</u> Telephone Number </td> <td style="vertical-align: top;"> <u>R. Kent Roberts</u> Typed or printed name </td> </tr> </table> <p>NOTE: Signature of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>one</u> form is submitted.</p>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ <u>110.00</u>	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____	<u>December 3, 2004</u> Date	 Signature	<u>716-848-1510</u> Telephone Number	<u>R. Kent Roberts</u> Typed or printed name
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ <u>110.00</u>															
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<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____															
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____															
<u>December 3, 2004</u> Date	 Signature															
<u>716-848-1510</u> Telephone Number	<u>R. Kent Roberts</u> Typed or printed name															

CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.


Date December 3, 2004
R. Kent Roberts
 (Type or print name of person mailing paper)

12/07/2004 AWONDAF1 00000149 09932371

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 (Signature of person mailing paper)